



Wisconsin Shares Child Care Assistance

Foster Parent & Subsidized Guardian

Resource Guide



Wisconsin Department of Children & Families

Protecting Children. Strengthening Families. Building Communities.



This guide is written on behalf of all licensed foster parents in Wisconsin and subsidized guardians in Milwaukee County. Since the guidelines for foster parents statewide and subsidized guardians in Milwaukee County have identical eligibility and authorizations policies, the contents of this guide apply to both categories. Please interchange the term “subsidized guardian in Milwaukee County” wherever the term “foster parent” is used.



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I. Program Purpose

Wisconsin Shares child care assistance is provided to reimburse child care costs for eligible parents or persons taking the place of parents, while they are at work or are engaged in one or more of the “activities” approved by a W-2, county, or tribal administrative agency.

II. Program Funding

Funding for the Wisconsin Shares child care assistance program consists of both state and federal dollars. Although the funding level for the program has remained at a consistent level for many years, the number of children who receive child care assistance in Wisconsin has increased from 18,146 in October 1997 to 60,346 in July 2008.

III. Applying for Child Care Assistance

Child care assistance is a form of public assistance with eligibility rules based on current law and case processing procedures that are similar to the FoodShare program (food stamps). Foster parents who receive child care assistance have their own case opened on the CARES/CARES Worker Web system that supports one case for any combination of FoodShare, Medical Assistance, Child Care, or Wisconsin Works (W-2) programs.

Application for Wisconsin Shares child care assistance is a two step process:

1. Eligibility determination through a Wisconsin Works agency (or its subcontract agency).
2. Authorizations for child care are granted through a county or tribal administrative agency (or its subcontract agency).

Eligibility and authorization agencies for CY 2008-2009 are listed in Appendix A and B of this document and at:

<http://dcf.wisconsin.gov/childcare/wishares/pdf/subsidyagencies.pdf>



Verification documents submitted by applicants for child care assistance are scanned and electronically stored for use in the FoodShare, Wisconsin Works, or Medical Assistance programs, if applicable. Likewise, when foster parents report changes to their case, the data is entered and populates all relevant screens for other programs.

A. Step One: Eligibility Determination

Foster parent applications for Wisconsin Shares child care assistance are taken at local Wisconsin Works (W-2) agencies or at an agency that has a subcontract from a Wisconsin Works agency to provide eligibility determinations for child care assistance (often the county Economic Support agency).

- Foster parents must apply at the agency that is located in their county or tribal area.
- Foster parents who live in other states may not receive Wisconsin Shares child care assistance from Wisconsin because being a resident of Wisconsin is an eligibility requirement for the program. They may apply at their local agency for their state's child care assistance benefits.

The application process for a new request for Wisconsin Shares child care assistance begins with a foster parent signing a Request for Assistance from their local agency and obtaining an intake appointment.

- If there is not an open FoodShare or Medical Assistance case for the foster parent, a Combined Application Form (CAF) for child care assistance needs to be generated through an interactive, computer-driven intake appointment involving an applicant and an agency worker. The CAF is produced by the computer at the end of the interview for the foster parent's signature. The foster parent would need to meet the verification requirements specific to the child care program (see #3. What to Bring/Submit for the Intake Interview on page 13).
- If there is an open FoodShare or Medical Assistance case, the application process is treated as a "Program Add" to the existing case and the foster parent needs to only meet the verification requirements specific to the child care program (see #3. What to Bring/Submit for the Intake Interview on page 13). A Combined Application Form (CAF) signature page is also produced for the Program Add.



- Whether it is a new application or a Program Add, foster parents, including spouses, are required to sign the Combined Application Form (CAF) signature page for child care assistance.
- Combined Application Forms (CAF) is a legal document that contains the rights and responsibilities of the foster parent.

Example: Mary is a foster parent for a three year old. She receives foodstamps and child care assistance for the time that she is at work.

Her foodstamp and child care assistance cases are set up as one case on the CARES/CWW system.

Mary's required six-month and twelve-month reviews are synched together. Therefore, Mary's required six-month and twelve-month reviews for both FoodShare and child care assistance are processed at the same time.

Telephone Applications

Effective June 30, 2008, counties, tribes, and W-2 agencies were given the authority to conduct application interviews and twelve-month review appointments via the telephone instead of in person, unless the applicant requests an in-person interview or the applicant has had three or more Intentional Program Violations. Six-month reviews continue to be conducted through paper format using the Six-Month Review Form (SMRF) *HFC 16076* (Rev. 06/05) (Appendix E) and Additional Information for Child Care form *DWSW 14751* (N. 2005) (Appendix F).

Child Care Subsidy Maximum Rates by County/Tribe

The State reimburses child care providers at maximum rates per county or tribe. For a complete listing of child care reimbursement rates by child care provider type and children's age group, please click on the following link:
<http://dcf.wisconsin.gov/childcare/wishares/rates.htm> .



1. Assistance Groups

The first step in processing foster parent applications for child care assistance is for the eligibility determining agency to correctly identify the foster parent's Assistance Group (AG) members. Although income eligibility for foster children's child care assistance is not determined using their foster parent's family income, identifying the Assistance Group sets the foundation for establishing which members must participate in an approved activity to justify the need for child care assistance (participation in an approved activity is a nonfinancial eligibility requirement).

Foster parent Assistance Groups (AG) includes all of the following household members:

1. The foster parent,
2. Their spouse or the nonmarital co-parent in the household, and
3. Any dependent minors, foster children or kinship care children that live in the household.

Minor parents cannot have their own AG (meaning they cannot apply on their own behalf) unless one of the following conditions exists:

1. They are living in a supervised independent living situation and are attending high school or an equivalent program, or
2. They are living independently from their parents or other adult caretaker (including a foster parent, relative, subsidized guardian in Milwaukee County) and are employed, or
3. They are married and the marriage is legally recognized in Wisconsin.

Examples of Assistance Groups:

Kathy and Patrick are foster parents who are married and have a teenage daughter who is also a parent of an infant. They have another child who is a foster child. The AG size is five (5) and Kathy, Patrick and the teenage daughter must be in approved activities.



Mary and John are foster parents who are married and have one child in common. Each parent has a child of their own living in the household and together they are foster parents for two children. The AG consists of Mary, John, their child, Mary's child, John's child, and the two foster children. The AG size is seven (7). Mary and John must be in approved activities.

Barb is a foster parent who has one child of her own and one foster child. Her sister lives in the household and is on the foster home license. The AG consists of Barb, her child, and the foster child. The AG size is three (3). Her sister has no legal relationship to her or her child, so she is not part of the AG. Barb must be in an approved activity. However, the sister may apply for child care assistance as a foster parent in separate case and receive child care for the overlapping times when she and Barb are both in their approved activity.

2. Eligibility Guidelines

Eligibility guidelines may be located at the following link:

<http://dcf.wisconsin.gov/childcare/wishares/eligibility.htm>

a. Financial eligibility is based upon the foster child's birth or adoptive family's gross income being no more than 200% of the federal poverty level (FPL) for their family size at the time of placement in foster care.

The income level of the foster child's family is not likely to be readily available to foster parents. However, the information is available through the child welfare agency and should be provided directly to the eligibility-determining agency by the child welfare agency. The Department is looking into how this information can be automatically shared between the child welfare and child care computer systems.

If the income of the foster child's family is higher than 200% of the FPL at the time of the child's placement, eligibility may be tested against the Assistance Group of the foster parent at the regular 185% FPL using the foster parent's family income.



b. Eligibility Flowchart

Child Care Assistance Eligibility Flowchart: Financial Requirements¹ Initial Eligibility/Applications

Applicants:		
Parents & persons taking the place of a parent who are <u>not</u> foster parents or subsidized guardians in Milwaukee County or relatives receiving kinship care benefits and have a court order for the child's care.	OR	1. Foster parents, 2. Subsidized Guardians in Milwaukee County, 3. Relatives who receive Kinship Care benefits on behalf of the child <u>and</u> have a court order for their care ²
↓ Family ³ Income is 185% FPL		↓ Child in Placement's Birth or Adoptive Family Income is 200% FPL ⁴

c. Non-Financial Eligibility

Non-Financial requirements include the following:

- All members in the foster parent's "Assistance Group" must be residents of Wisconsin.
- The foster child who needs child care assistance must be a US citizen or qualified alien. Foster children placed through ICPC from other states

¹ Per s. 49.155 (1m) stats.

² The relative must meet both conditions; the court order for care may be guardianship awarded under CH 48 or CH 54.

³ "Family" =the "Assistance Group", defined in Admin. Rule DCF 201 and s. 49.145; refer to Child Care Manual for a completed definition.

⁴ Child's (including teen parents) birth or adoptive parents' family income at the time they left their care for the current placement.



placed with foster parents in Wisconsin are considered Wisconsin residents for Wisconsin Shares child care assistance eligibility determination purposes.

- Child care is limited to children up to age thirteen, and up to age nineteen if the child meets the following “special needs” definition: An emotional, behavioral, physical, or personal need of a child requiring more than the usual amount of care and supervision for the child’s age, as documented by a physician, psychologist, special educator, or other qualified professional. A “special need” includes a developmental disability. Verification for special needs documentation may be in the form of a letter, Individual Education Plan, or other documents provided by the professional.
- All foster children who are teen parents must cooperate with Child Support enforcement.
- All adult parents in the “Assistance Group” and foster children who are teen parents must be participating in an approved activity (see Approvable Activities chart).
- In two-parent foster families both adult parents must be in an “approved activity,” unless a physician verifies that one parent is unable to be in an approved activity and is unable to take care of the children on their own to allow the other parent to be in an approved activity. In two-parent families child care assistance is authorized for only the hours that both parents are in their approved activity.

Examples:

Janet and Doug are foster parents for a teenage mother and her infant. Janet and Doug work full-time and their foster daughter attends high school. The requirement that each parent in the Assistance Group is participating in an approved activity is met because both Janet and Doug are working and the teen foster child who has an infant is in high school.

Gloria and Mike are foster parents for a teenage mother and her infant. Gloria is not employed outside of the home. Although their teen foster child attends high school, Gloria is not in an approved activity. The non-financial eligibility requirement for all parents to be in an approved activity is not met. Therefore, Gloria and Mike are not eligible for child care assistance.



Judy and Dave are foster parents who have three pre-school age foster children. Judy works full-time during the day. Dave does not work because he hurt his leg at work. Dave does not have a doctor's verification excusing him from being able to work and not being able to take care of the children. Therefore, the non-financial eligibility requirement that both parents be in an approved activity is not met until it is verified by a doctor that Dave cannot work and is unable take care of the children.

d. Approvable Activities

The following table lists activities that can be approved for foster parents and teen parents.

Approvable Activities	
Foster Parents	Employment
	W-2 program
	Food Stamp Employment and Training Program (FSET)
	Employment combined with attending classes for English as a Second Language, Basic Skills, job skills training as approved by the W-2 agency (24 month time limit)
	Employment combined with attending higher education as approved by the W-2 agency (24 month time limit)
Teen-Parent Foster Child	Employment
	Attending high school if age 18 or younger, or age 19 if still a dependent minor, and/or
	Employment

3. What to Bring/Submit for the Intake Interview

The following lists are sample documents that are acceptable forms of identity verification for the Wisconsin Shares child care assistance program. Only one source is required to be provided for each member of the foster parent's Assistance Group.

a. Acceptable Forms of Identity Verification

Driver's License
State issued ID Card
Employee ID Card
Student ID Card



US Government ID Card
Military ID Card
Native American ID Card issued by a Federally recognized tribe
Any photo ID issued by USCIS
US Passport
CARES birth query (Wisconsin births only)
Paycheck displaying the applicant's name
Any unexpired immigration document
Any other reliable document that verifies identity

b. Social Security Number of Foster Child if available (The Social Security Number should come from the child welfare agency directly to the eligibility agency, verbal verification is sufficient).

c. Verification of Citizenship of Foster Child (The child welfare placing agency should obtain citizenship verification).

Certified copy of Birth Certificate (marked "For Administrative Use")
Baptismal Certificate if place of birth is shown
Hospital Birth record
CARES birth query (Wisconsin births only)
Native American ID Card or other tribal membership documentation issued by a Federally recognized tribe
Certificate of Naturalization (marked "For Administrative Use")
Certificate of Citizenship (marked "For Administrative Use")
US passport

d. Foster Parent Residency

Lease agreement
Utility bill for water, gas, electricity, or telephone that includes name and address
Mortgage receipt
Subsidized house program approval
Weatherization program approval
Pay check stub including name, address,



employer's name, address and phone number
Wisconsin Driver's License
Wisconsin ID Card
Signed statement from a shelter or individual providing temporary residence

e. Foster Parent Employment Information-(for verification of employment)

Paycheck Stubs
Letter from employer state
Self-employment business tax records
Self-employment Income Report (DWSP-2131)
CARES data exchange/UI query
Employer Verification of Earnings (EVF-E)
Any other document that verifies earned income

f. Verification of child's foster care placement- (the placing agency can FAX verification to the eligibility or determination agency).

g. Foster child's birth or adoptive family income at time of placement-(the placing agency can FAX verification to the agency).

B. Step Two: Child Care Authorizations

County or tribal administrative agencies are responsible for assessing the need for child care and issuing an authorization for reimbursement based upon the eligibility and need. Sometimes the Wisconsin Works agency is the county or tribal administrative agencies, but not always. An updated list of local county agencies may be viewed at: <http://dhs.wisconsin.gov/em/imagencies/>.

Foster parents should call the local agency to determine the method for setting an authorization appointment.

Authorizations for child care are established for a specific number of hours of care per week and to a specific child care provider to cover the hours of care needed for participation in approved activities. When there is more than one parent in the Assistance Group authorizations can be written for only the



overlapping time when all parents are in approved activities. Authorizations may include transportation time to and from the approved activity.

Foster parents choose their own child care provider, but they must be one of the following regulated types of providers: a county certified home, state licensed home or center, public school program, or day camp state licensed for child care.

Authorizations can be written for up to six months at a time and should reflect the child's need for care based upon their foster parents' participation in specific approved activities.

Authorization Notices are automatically sent to the foster parent and their selected child care provider.

Child care providers receive bi-weekly timesheets from the state automated payment system once an authorization is entered into the computer system. Child care providers track the child's attendance at their program and submit the hours to the county/tribal administrative agency for payment. Child care providers also have the option of electronically submitting attendance online to the county/tribe. The county/tribal agency enters the hours and confirms attendance on the computer system which then the Department uses as the basis for reimbursement directly to the child care provider.

1. Authorization Types:

Authorizations may be either enrollment-based, attendance based, or zero hours.

a. Enrollment Based Authorizations

Enrollment based authorizations result in the child care provider being paid in full if the child attends at least some of the time authorized each week. Enrollment based authorizations are always to be used when a child needs care on a regular basis, unless the child care provider is a certified and not licensed.

b. Attendance Based Authorization

Attendance based authorizations are reimbursed on an actual attendance basis. Certified child care providers may only receive authorizations that are attendance based.



If an attendance based authorized child attends less than the authorized hours in a week, the child care provider will be reimbursed only for the actual hours attended. The child care provider may *charge the foster parent* directly for the missed hours of attendance. (This is dependent upon the rules of the provider and the contract that the foster parent signed with the child care provider).

c. Zero Hour Authorizations

Zero hour authorizations are written when there is not an authorization for an eligible child but they may need child care only when school closed for short periods of time. Zero hours authorizations reimburses child care providers for care given for snow days, teacher's conferences, spring break, and other short-term reasons.

IV. Reimbursement Rates

Reimbursement is made by the Department directly to the authorized child care provider.

Reimbursement is based upon the number of hours of attendance per type of authorization using the lower amount of the two following levels:

- the Department's established maximum rate for the identified county of residence of the foster parent in Wisconsin, or
- The child care provider's private rate.

The Department's county maximum rates may be viewed at:

<http://dcf.wisconsin.gov/childcare/wishares/rates.htm>



V. Foster Parent Costs

Foster parent may incur costs from the child care provider that cannot be reimbursed by the Wisconsin Shares child care assistance program. The following list contains some, but not necessarily all, of the costs that foster parents could be charged:

1. The foster parent chooses a child care provider who charges a rate that is higher than the county maximum rate set by the Department and the provider charged the difference to the foster parent. (See example below).

Example of Foster Parent Child Care Costs	
Child Care Provider Private Rate per Week	\$ 240
Maximum County Rate Paid by the Department of Children and Families	\$ 232
<i>Difference Billed by Child Care Provider to Foster Parent</i>	\$ 8

2. When the child was authorized on an attendance basis, the child did not attend the child care program for all of their authorized times, and the provider charged the absences to the foster parent. (See Attendance Based Authorizations above).
3. The foster parent changed providers without giving the child care provider an agreed upon time-frame for notices, and the provider charges care to the foster parent.
4. The child is removed from a foster home on an emergency basis and the child care provider charges care to the foster parent.



5. The foster parent has signed a contract with the child care provider that contains other provisions such as fees or other payments or has obligations to adhere to a specific number of hours if the authorization is for a lower number of hours.

Example: Hours Authorized Are Less than the Child Care Provider Requires

Mary is a foster parent who works 20 hours per week and needs child care for 25 hours per week (work + transportation time). Mary's authorization is on an attendance basis for 25 hours per week. Mary's hours of employment are reduced to 10 hours per week so she really only needs 15 hours per week of child care. Mary reports the change to her worker and her authorization is reduced to 15 hours per week. The child care center where Mary sends her foster child requires all part-time children to be there at least 20 hours per week. Mary may be billed by the child care provider for 5 hours per week.

Example: Child Care Provider Charges a Rate that is higher than the County Maximum

Donna selects a licensed group child care provider in Milwaukee County for her infant foster child. The child care provider's weekly rate is \$240.00 but the county maximum rate that the department will pay is \$232.00 per week. The child care provider may bill Donna \$8 per week for care.

VI. On-Going Eligibility

A. Ten (10) Day Reporting Requirement:

All parents, *including foster parents*, who receive Wisconsin Shares child care assistance are required to report certain changes in their household (Assistance Group) that would affect their eligibility within ten (10) days of the change. For foster parents this includes all of the following circumstances for any member of the Assistance Group:

1. A change in participation in an approved activity (example: a change in the number of hours, starting or ending employment, or a teen parent graduating from high school).



2. A change in Assistance Group composition (example: a foster child leaving the home or any other change in the Assistance Group composition).
3. A change in income if the foster family is receiving child care assistance for their own child(ren).
4. When the foster child is adopted by the foster parent.
5. A change in residence.

B. Six Month Reviews and Six Month Review Forms (SMRF's)

HFC 16076 (Rev. 06/05)

Eligibility for child care assistance must be reviewed every six months for child care assistance cases under current administrative rules.

One Reminder Notice is sent to the foster home in the fourth month of receiving child care assistance to alert the family that the Six Month Review Form (SMRF) is going to be sent the next month. (Appendix-D Reminder Notice).

The FoodShare/Child Care Six-Month Review Forms (SMRF) *HFC 16076 (Rev. 06/05)*, Additional Information for Child Care Form *DWSW-14751 (N.06/2005)*, and instructions are sent to foster parents towards the end of month five. (Appendix E and F).

Incomplete Form Notices may be sent if SMRF form is incomplete (Appendix G).



IT IS IMPORTANT TO COMPLETE, SIGN, AND RETURN THE REVIEW FORMS AND ENCLOSE THE REQUESTED CHECK STUBS TO THE AGENCY ON TIME.

IF THE FORMS AND CHECK STUBS ARE NOT RETURNED, THE CHILD CARE CASE IS LIKELY TO CLOSE AND A DENIAL NOTICE WILL BE SENT TO THE FOSTER PARENT.

IF THE CASE STAYS CLOSED FOR 30 DAYS PAST THE LAST DAY OF ELIGIBILITY, IT CANNOT OPEN AGAIN UNLESS A NEW APPLICATION FOR CHILD CARE ASSISTANCE IS COMPLETED.

**Six Month Reviews
On-Going Eligibility and Review Requirements^{5*}**

Once a case is open the family income must stay at or below 200% FPL; financial eligibility ends when family income exceeds 200% FPL for <u>two</u> consecutive months.		Open cases continue to use the birth or adoptive family's income for the child at the time of placement. Financial eligibility remains consistent throughout the foster care placement.
Eligibility Review Requirements:		

⁵ Per Admin. Rule DCF 201.



1. **Reporting Changes in Case:**
Changes affecting eligibility must be reported by the family to the eligibility agency within 10 days of the change.
2. **County administrative agencies must review eligibility in a timely manner after the reported change, or at least every six months.**

Six Month Review Requirement

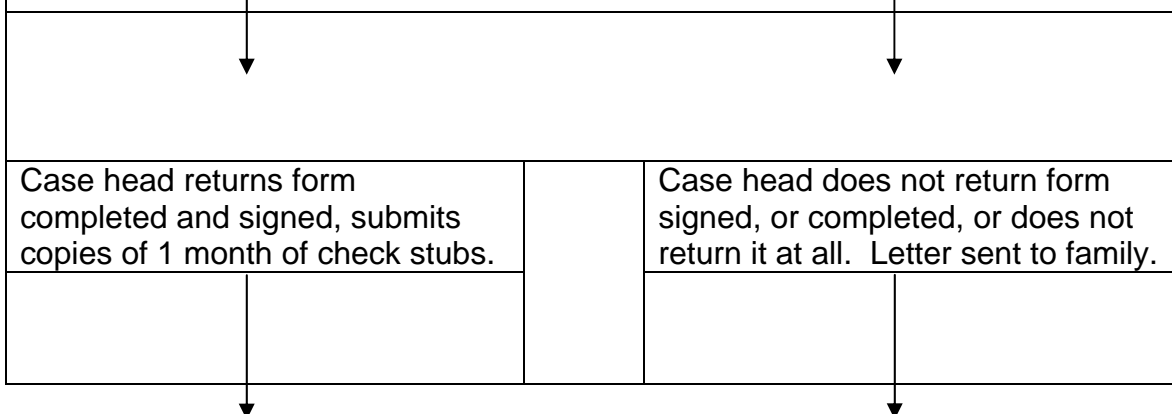
Eligibility is re-determined in six-month intervals. Child care authorizations are established for six-month timeframes unless there is a change in circumstances reported that would impact eligibility (ex: foster children leaving a placement before a child care authorization ends), or the authorizing worker was informed in advance that the child care was needed for a shorter period of time.

Since many child care assistance cases also receive foodstamps the Foodshare program's paper review format (Six Month Review Forms=SMRF's) are used instead of requiring participants to have face-to-face review interviews at the eligibility agency (see next page for SMRF process).

Six Month Review Form (SMRF/Blue) Process

Review Letter: In the fourth month of eligibility, every open case receives a letter alerting the case head that a SMRF review form will be sent to them in month five with instructions on how to fill out the forms, and that they are required to be returned to the agency with one month of check stubs⁶ the first week of month six.

SMRF's #HFC 16076 (Rev. 06/05) and #DWSW 14751 (Rev. N. 06/05) and instructions are sent in month five to every open case head to complete and return to the agency in the beginning of month six.



⁶ The purpose of the check stubs is to verify employment and to check wages, if necessary.





Case is open another six months and the authorization is extended by what is indicated on the schedule on the SMRF forms.		Case closes at the end of month six, denial letter sent to family. The family will have to reapply if the family doesn't correct the problem by the end of month 7. <u>Note:</u> Child care assistance cannot be reimbursed during timeframes when the parent is not eligible; therefore, if a parent has continued to send their child to child care without an authorization, they are likely to be billed by the child care provider.

C. Twelve Month Reviews

Child care eligibility must be reviewed again at the twelve-month interval. Contact your local agency to find out if they send appointments to child care case families or if you are required to set up an appointment.

Twelve-Month Review Process	
Agencies have a choice if they want to automatically schedule twelve-month reviews for cases or send a letter to the case head advising them that they are due for a review and to ask them to set up an appointment for their review.	
Counties have the option of conducting the twelve-month reviews in person or via the telephone.	
↓	↓



Review complete.		Does not complete review by end of month twelve
		
If the case remains open a subsequent authorization for child care is established.		Case closes for lack of review; authorization for child care cannot be extended. <u>Note:</u> Child care assistance cannot be reimbursed during timeframes when the parent is not eligible; therefore, if a parent has continued to send their child to child care without an authorization, they are likely to be billed by the child care provider.

VII. Changing Child Care Providers

Foster parents may be required to provide their current child care provider with a ten day notice when ending care, depending on the conditions of any contract that they have signed with the child care provider.

Foster parents must inform the county or tribal agency of their plans to change child care providers so that the agency can change the authorization to the new provider.

The Wisconsin Shares child care assistance program cannot reimburse child care providers for child care provided unless the period of care was covered by an authorization specifically written to the child care provider.



VIII. Overpayment Collections

Federal regulations and state administrative rules require that assistance paid in error, regardless of the source of error, must be collected by the administrative agency or the Department.

Foster parents are at risk of being assessed for overpayment collections from the Department if:

1. The Wisconsin Shares child care assistance program paid for the child care that was used when a foster parent was not eligible.
2. The foster parent continued to receive child care assistance after their participation in approved activities ended or after the authorization expired.
3. Administrative error.

IX. If the Foster Parent also Receives FoodShare Benefits

If the foster parent also receives FoodShare benefits, the FoodShare and child care assistance case will be combined. The verification and reporting requirement responses will be applied to both case types. The six and twelve-month reviews for both programs are synched together so there is one review for both programs.

X. Where to Call If There's a Problem

Milwaukee County:

An account can be set up on the Interactive Voice Response (IVR) system by dialing 289-6000 and following the instructions. An IVR can be used after hours per day to check the status of a child care or other assistance case.

For review questions-call your dedicated worker.

For child care authorization changes and authorization problem resolution: 289-6464

Child Care Assistance Help Desk (608) 261-6317 Option 2 (the Help Desk will refer your situation to the Milwaukee County Customer Service Help Desk).



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Balance of State:

Local Care Child Care Coordinators

<http://dcf.wisconsin.gov/childcare/wishares/pdf/coordinators.pdf>

Child Care Assistance Help Desk (608) 261-6317 Option 2



Appendix A: Web Resources

Wisconsin Department of Children and Families <http://dcf.wisconsin.gov/>

Wisconsin Shares-Child Care Subsidy Program
<http://dcf.wisconsin.gov/childcare/wishares/default.htm>

Child Care Policy Manual <http://dcf.wisconsin.gov/childcare/wishares/manual.htm>

Quality Child Care Initiatives <http://dcf.wisconsin.gov/childcare/quality/default.htm>

Child Care Resource and Referral Agencies (CCR &R)
<http://supportingfamilies.together.org/families/ccrr.php>

Child Care Licensing
<http://dcf.wisconsin.gov/childcare/index.htm>

Child Care Certification <http://dcf.wisconsin.gov/childcare/certification/default.htm>

Other Child Care Resources <http://dcf.wisconsin.gov/childcare/resources.htm>



APPENDIX B:

Child Care Assistance for Foster Parents in Milwaukee County

Step One: Eligibility Determination

New Applications:

Request for child care assistance cases when there is NO open Child Care Assistance, FoodShare, or Medical Assistance case

To complete the application process the Foster Parent has two options:

1. Call 414-649-3080 and request an application. An application will be mailed to you. Upon the return of the signed application, you will be called to schedule an intake interview. The interview can be done either over the phone or in person.
2. Go to the Robles Intake Center at 9th and Mitchell, complete and submit application, and schedule an appointment. Milwaukee County will reserve an appointment slot each day for walk-in Foster Care appointments. However, if all slots are filled, the appointment will have to occur at a later date. The hours for 9th and Mitchell are:
 - Monday – Friday
8:00a.m. – 4:30p.m.
 - Wednesday Evenings
5:30p.m. – 7:00p.m.

Program Adds:

Request for child care assistance when there is an OPEN FoodShare, or Medical Assistance Case

This includes adding a new Foster Child to an existing Child Care case.

Check in at the Coggs Center Kiosk at 1220 W. Vliet for the Foster Care Window on the 2nd Floor West to schedule an appointment with the dedicated Foster Care worker. Milwaukee County will reserve an appointment slot each day for walk-in Foster Care appointments. However, if all slots are filled, the appointment will have to occur at a later date. The appointment time may also be later in the day, which will require the client to either wait or return as necessary based on the appointment time.

If clients who do not have an open case



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	come to the Coggs Center, they will be sent to Client Registration at the Coggs Center and an interview appointment will be scheduled for at later date at the Robles Intake Center.
Step Two: Authorizations	
<u>Authorizations:</u> New child care assistance cases with no open Child Care Assistance, FoodShare, or Medical Assistance case	Complete at the time of your intake interview with the dedicated Foster Care worker.
<u>Authorizations:</u> New child care assistance cases with an open Child Care Assistance case. FoodShare, or Medical Assistance Case	Complete at the time of your intake interview with the dedicated Foster Care worker.
<u>Authorizations:</u> Changing an existing authorization.	Check in at Coggs Center Kiosk at 1220 W. Vliet for the Child Care Authorization Window on the 2 nd Floor East <u>or</u> call (414) 289-6464.
Step Three: Reviews and Case Maintenance	
At the time of the initial interview, the Foster Parent will be added to the caseload of the dedicated Foster Care Worker. Contact information will be provided for the Foster Care Worker at that time and all follow up casework including reviews and case changes will be scheduled and handled through this worker.	



APPENDIX C: Child Care Assistance Eligibility and Authorizations Outside of Milwaukee County

County/ Tribe	Eligibility Applications/ Authorization	Agency	Phone
Adams	Both	Adams County Dept. of Health & Human Services	(608) 339-4505
Ashland	Both	Ashland County Human Services Department, Ashland	(715) 682-7004
Barron	Eligibility	Barron Co. Job Center/Workforce Resource, Inc., Rice Lake	(715) 234-6302
	Authorizations	Barron County Health & Human Services	(715) 537-5691
Bayfield	Both	Bayfield County Department of Humans Services, Washburn	(715) 373-6144
Brown	Both	Brown County Human Services	(920) 448-6460
Buffalo	Both	Trempealeau County Job Center/Workforce Connections, Independence	(715) 985-2118
Burnett	Both	Burnett County Department of Health and Humans Services, Siren	(715) 349-7600
Calumet	Both	Calumet County Department of Humans Services, Chilton	(920) 849-1400
Chippewa	Eligibility	Chippewa County Job Center/Workforce Resource, Inc.	(715) 723-2248
	Authorization	Chippewa County Dept. of Human Services	(715) 726-7840
Clark	Both	Clark County Department of Social Services, Neillsville	(715) 743-5233
Columbia	Eligibility	Wisconsin Job Center-Columbia County/Workforce Connections, Inc., Portage	(608) 745-6716
	Authorizations	Columbia County Health and Human Services	(608) 742-9227
Crawford	Both	Crawford County Human Services, Prairie du Chien	(608) 326-0248
Dane	Both	Dane Co. Human Services, Dane Co. Job Center, Madison	(608) 242-7441
		Stoughton Office	(608) 873-5636
		Sun Prairie Office	(608) 873-8380
Dodge	Both	Dodge County Human Services Department, Juneau	(920) 386-3760
Door	Both	Door County Department of Social Services, Sturgeon Bay	(920) 746-2300
Douglas	Eligibility	Superior Job Center/Workforce Connections, Superior	(715) 392-0829
	Authorizations	Douglas County Dept. of Health & Human Services	(715) 392-7800
Dunn	Both	Dunn County Job Center, Menomonie	(715) 232-7360
Eau Claire	Both	Eau Claire County Job Center, Eau Claire	(715) 858-9675
Florence	Both	Florence County Human Service Dept., Florence	(715) 528-3296
Fond du Lac	Both	Fond du Lac Area Job and Career Center, Fond du Lac	(920) 929-3187
Forest	Both	Forest County Dept. of Social Services	(715) 478-3351
Grant	Both	Grant County Department of Social Services, Lancaster	(608) 723-2136
Green	Both	Green County Human Services Department, Monroe	(608) 328-9375
Green Lake	Both	Green Lake County Department of Health and Human Services, Green Lake	(920) 294-4070
Iowa	Both	Iowa County Department of Social Services, Dodgeville	(608) 935-9311
Iron	Both	Iron County Human Services Department, Hurley	(715) 561-3636
Jackson	Eligibility	Wisconsin Job Center-Jackson County, Black River Falls	(715) 284-7117
	Authorizations	Jackson County Human Services Department	(715) 284-4301
Jefferson	Both	Jefferson County Workforce Development Center, Jefferson	(920) 674-7500
Juneau	Both	Wisconsin Job Center-Juneau County/Workforce Connections, Mauston	(608) 847-4899
Kenosha	Both	Kenosha County Department of Human Services, Kenosha	(262) 697-4500
Kewaunee	Both	Kewaunee County Human Services Department	(920) 388-3777
La Crosse	Both	La Crosse County Human Services Department, La Crosse	(608) 785-6001
Lafayette	Both	Lafayette County Humans Services Department, Darlington	(608) 776-4900
Langlade	Both	Langlade County Dept. of Social Services	(715) 627-6500
Lincoln	Both	Lincoln county Dept. of Social Services	(715) 536-6200
Manitowoc	Both	Manitowoc Job Center, Manitowoc	(920) 683-2863



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Marathon	Both	Marathon County Job Center, Wausau	(715) 261-7500
Marinette	Both	Marinette Co. Health & Human Dept.-Job Center, Marinette	(715) 732- 7840
Marquette	Both	Marquette County Human Services, Montello	(608) 297-3167
Menominee	Both	Menominee County Health and Human Services	(715) 799-3861
Monroe	Both	Wisconsin Job Center-Tomah/Workforce Connections, Inc., Tomah	(608) 374-7740
Oconto	Both	Oconto County Department of Health and Human Services, Oconto	(920) 834-7000
Oneida	Both	Oneida County Dept. of Social Services	(715) 362-5695
Outagamie	Both	Outagamie County Department of Health and Human Services, Appleton	(920) 832-5218
Ozaukee	Authorizations	Ozaukee County Dept. of Human Services	(262) 284-8200
Pepin	Both	Pepin County Department of Human Services, Pepin	(715) 672-8941
Pierce	Eligibility	St. Croix Valley Job Center/Workforce Connections, Inc., River Falls	(715) 425-6000
	Authorizations	Pierce County Dept. of Human Services	(715) 273-6788
Polk	Both	Polk County Department of Human Services, Balsam Lake	(715) 485-8400
Portage	Both	Portage County Health and Human Services, Stevens Point	(715) 345-5350
Price	Eligibility	Ashland County Health & Human Services	(715) 682-7004
	Authorizations	Phillips Job Center, Phillips	(715) 339-4555
Racine	Both	Racine County Human Services, Racine	(262) 638-6353
Richland	Both	Richland County Health and Human Services, Richland Center	(608) 647-8821
Rock	Both	Rock County Human Services Department, Janesville	(608) 741-3488
Rusk	Both	Rusk County Department of Health and Human Services, Ladysmith	(715) 532-2299
St. Croix	Eligibility	St. Croix Job Center/Workforce Connections, River Falls	(715) 425-6000
	Authorizations	St. Croix County Dept. of Health and Human Services	(715) 246-8257
Sauk	Both	Sauk County Human Services, Baraboo	(608) 355-4200
Sawyer	Both	Sawyer County Health and Human Services, Hayward	(715) 634-4806
Shawano	Both	Shawano County Economic Support, Shawano	(715) 524-4700
Sheboygan	Both	Sheboygan Job Center/Sheboygan County Health & Human Services, Sheboygan	(920) 208-5800
Taylor	Both	Taylor County Human Services Department, Medford	(715) 748-3332
Trempealeau	Eligibility	Wisconsin Job Center-Trempealeau County/Workforce Connections, Inc., Independence	(715) 985-2118
	Authorizations	Trempealeau County Dept. of Social Services	(715) 538-2311
Vernon	Both	Vernon County Department of Human Services, Viroqua	(608) 637-5210
Vilas	Both	Vilas County Dept. of Social Services	(715) 479-3668
Walworth	Both	Walworth County Job Center/Kaiser Group, Elkhorn	(262) 741-5180
Washburn	Eligibility	Sawyer County Health and Human Services, Hayward	(800) 569-4162
	Authorizations	Washburn County Dept. of Social Services	(715) 468-4747
Washington	Both	Washington County Human Services Dept.	(262) 335-4610
Waukesha	Both	Arbor Education and Training/829 Main Street, Pewaukee	(262) 695-7925
Waupaca	Both	Waupaca County Department of Health and Human Services	(715) 258-6300
Waushara	Both	Waushara County DHS PO Box 1230 Wautoma, WI 54982	(920) 787-6600
Winnebago	Both	Winnebago County Department of Human Services, Neenah	(920) 729-2750
Winnebago	Both	Oshkosh Workforce Development Center, Oshkosh	(920) 232-6200
Wood	Both	Wisconsin Rapids Job Center/Wood County Department of Social Services, Wisconsin Rapids	(715) 421-8600
Bad River	Both	Bad River Dept. of Social Services, Box 55, Odanah, WI 54861	(715) 682-7127
Lac Courte Oreilles		LCO Tribal Government, 13394 W. Trepania Bldg 1, Hayward, WI	(715) 634-8934
Lac du Flambeau	Both	Lac du Flambeau Dept. of Social Services, PO Box 67, Lac du Flambeau, WI	(715) 588-4235



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Oneida Tribe	Both	Oneida Tribe, Center for Self P.O. Box 365, Oneida, WI	(920) 490-3738
Red Cliff	Both	Red Cliff Child Care Department, 88385 Pike Road, Bayfield, WI	(715) 779-5868
Sokaogon	Both	Sokaogon Tribal Economic Support Office, 3051 Sand Lake Rd. Crandon, WI	(715) 478-3265
Stockbridge Munsee	Both	Stockbridge/Munsee Economic Support, N8705 Moh He Con Nuck Road, Bowler, WI	(715) 793-4885 or (715) 793-4860



Appendix D: Reminder Notice

Reminder Notice – CMLR – FS and CC

IMPORTANT NOTICE ABOUT YOUR FOODSHARE AND/OR CHILD CARE BENEFITS

In about 30 days you will receive a FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT FORM in the mail. You must fill it out and return it to your local county or tribal agency in order to keep getting FoodShare and/or Child Care benefits. You will receive instructions with the form that will explain how to fill it out and where to mail it. Your FoodShare and/or Child Care worker will use your completed form to decide if you still qualify for FoodShare and/or Child Care, without having a face-to-face meeting.

You will be asked to provide the following information:

EARNED INCOME - current pay stubs for everyone in your household who works.

OTHER INCOME – other income of all people in your household. Some examples are child support, unemployment insurance, foster care, or social security payments.

HOUSEHOLD MEMBERS – information about any people who have moved into or out of your household.

ADDRESS/SHELTER COSTS – your current address and shelter costs if you have moved. Shelter costs are only needed if you receive FoodShare benefits.

You will need to include proof of the information you provide on the form when you send it to your worker so be sure to save all of the next month's pay stubs and other documents that verify your answers.

We hope you will find the FoodShare AND/OR CHILD CARE SIX-MONTH REPORT FORM a more convenient way to continue to receive your FoodShare and/or Child Care benefits.



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FOOD STAMP SIX MONTH REPORT INSTRUCTIONS
HCF 16076A (Rev. 09/04)

Page 2

SSN information will be used for administration of the FoodShare and Child Care programs. Your SSN permits a computer check of your information with government agencies such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Department of Workforce Development (DWD) as well as the School Lunch Program. Social Security numbers are also used to check the identity of household members and to verify income from such sources as employers, banks and other entities.

SECTION 4 – HOUSEHOLD INCOME

- A. **Wages.** Check "Yes", if anyone in your household has income from wages or self-employment. If you checked "Yes", write in the name of the person that works, the employer name, how often the person is paid, and the date the employment began. If no one in your household has income from wages or self-employment, check "No".

Some examples of proof of wages are: all pay stubs received in the last month or a signed statement from the employer that either includes gross earnings and pay dates for the last month, or pay rates and average hours expected to be worked in the next month.

- B. **Self-Employment.** The information pre-printed on the form is the information we currently have for self-employed people who live with you. Please review this information carefully. The counted income that is displayed is the average monthly net self-employment income after allowable business expenses are subtracted. If this information is not correct, explain the change in the space provided.

Here are some examples of changes in self-employment:

- The self-employed person is ill or injured and is unable to work for a month or more.
- A farmer has suffered unusual crop loss due to the weather or other circumstances, and will not receive reimbursement for the loss.
- There has been a substantial increase in business-related expenses without an increase in income.

If anyone in your household has started self-employment, list the person's name, the type of self-employment business, average monthly income received or expected from the self-employment, and the date the self-employment started.

Some examples of proof for self-employment are: income tax returns or bookkeeping records.

- C. **Other income.** Check "Yes", if anyone in your household receives other income. Some examples of other income are payments from Child Support, Unemployment, Worker's Compensation, Social Security, or Foster Care payments. For all persons in your household who receive other income, write in the person's name, source of income and the monthly amount received. If no one in your household receives other income, check "No".

Some examples of proof for other income are: an award letter or copy of last check.

Note: If you do not report a reduction in your household's monthly income or the loss of any household income, you will not receive any resulting increase in your FoodShare benefit.

SECTION 5 – SIGNATURE

Signature. Once you have reviewed all the information you have provided, sign and date the form.

RETURN THE SIGNED AND DATED FORM TO THE AGENCY THAT IS LISTED ON THE FORM. An envelope has been provided for your convenience.

CHECKLIST:

- ☐ Did you answer all the questions?
- ☐ Did you remember to sign the form?
- ☐ Did you send proof of your answers, including pay stubs?
- ☐ Can you see the County's address through the window of the envelope?



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Appendix E. Six Month Report Form (SMRF)

SMRF

STATE OF WISCONSIN

DEPARTMENT OF HEALTH AND FAMILY SERVICES, Division of Health Care Financing
DEPARTMENT OF WORKFORCE DEVELOPMENT, Division of Workforce Solutions
HCF 16076 (Rev. 06/05)

FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT

TO AVOID A DELAY IN YOUR FOODSHARE AND/OR CHILD CARE BENEFITS, ANSWER ALL QUESTIONS, SIGN AND RETURN THIS FORM BY _____ TO THE AGENCY LISTED BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED BY _____ YOUR FOODSHARE AND/OR CHILD CARE BENEFITS WILL END.

CERTIFYING AGENCY:

Case Number:
Case Name:
Worker Information
Name:
ID:
Phone:

----- COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. -----

Please enclose all papers that provide proof of your answers including all pay stubs received in the last 30 days for all employed household members. For additional information regarding proof, refer to the instructions. Your worker will contact you if more information is needed to determine your eligibility for FoodShare and/or Child Care benefits.

SECTION 1 – ADDRESS / SHELTER EXPENSE INFORMATION

The address listed below is what we have on file for your household.

Have you moved to a different address? ☐ Yes ☐ No If "No", you may skip to "Section 2 – Child Support Payments".
If "Yes", please complete the rest of this section. Enclose proof of your new address, shelter, and utility expenses.

What is your new address? If you are homeless, write "Homeless" in the space below.

Street _____ Apt Number _____

City _____ Zip Code _____

Telephone Number _____

If you do not have a telephone, what is a number where you can be reached? _____

If you pay rent or lot rent, how much do you pay? \$ _____ per month
(If you live in subsidized housing, write in the amount of rent you must pay.)

If you have a mortgage, how much do you pay? \$ _____ per month

Property Taxes (if paid separately from your mortgage) \$ _____ per month

Homeowners Insurance (if paid separately from your mortgage) \$ _____ per month

What utility bills do you pay? (Check all that apply.)

☐ HEAT ☐ TELEPHONE ☐ WATER or SEWER

☐ ELECTRICITY ☐ COOKING GAS ☐ TRASH REMOVAL

SECTION 2 – CHILD SUPPORT PAYMENTS

Has any household member had a change in his or her legal obligation to pay child support? ☐ Yes ☐ No

If "Yes", explain the change.



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FoodShare and/or
Child Care Six-Month Report
HCF 16076 (Rev. 03/04)

Page 2

SECTION 3 – HOUSEHOLD MEMBERS

Below are the names of all people we have as living in your household. Review the names and check "Yes", if they still live with you, or "No", if they do not.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the information below for new household members who were not pre-printed on the form. Use an additional sheet of paper if more room is needed or if more people have moved in with you.

First Name _____ Last Name _____
Date of Birth (mm/dd/yy) _____ US Citizen ☐ Yes ☐ No Gender: ☐ Male ☐ Female
Social Security Number _____
What is the date this person moved in with you? (mm/dd/yy) _____
Does this person purchase and prepare or share food with you? ☐ Yes ☐ No
Is this person related to you? ☐ Yes ☐ No
If "Yes", how is he or she related to you (for example, son, mother, brother, sister, etc.)? _____

SECTION 4 – HOUSEHOLD INCOME

A. Is anyone in your household employed? ☐ Yes ☐ No
If "Yes", provide the following information for any person in your household who is working.

Name	Employer	How Often Paid (weekly, biweekly, etc.)	Date Started
_____	_____	_____	_____
_____	_____	_____	_____

REMINDER: ENCLOSE ALL PAY STUBS RECEIVED IN _____, FOR ALL EMPLOYED
HOUSEHOLD MEMBERS. Pay stubs received in the last 30 days or an employer statement may also be used to verify current wages.

B. This is the information we have about people in your household who are self-employed.

Name	Type of Business	Average Counted Monthly Income
_____	_____	_____
_____	_____	_____

If this information is not correct, please explain the change here: _____

If anyone in your household has self-employment income not listed above, complete the information below.

Name	Type of Business	Average Monthly Income	Date Self-Employment Began
_____	_____	_____	_____

C. Does anyone in your household receive other income? ☐ Yes ☐ No

If "Yes", list the source and monthly income amount below. Some examples of other income are payments from Child Support, Unemployment, Worker's Compensation or Social Security.

Name	Source of Income	Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 5 – SIGNATURE

I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information it may result in a fine and/or imprisonment.

SIGNATURE _____ Date Signed _____

To avoid a delay in your FoodShare and/or Child Care benefits, please return this form by

5th to:



Appendix F: Additional Information

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
DWSW-14751 (N. 06/2005)

SMRF

ADDITIONAL INFORMATION FOR CHILD CARE

CERTIFYING AGENCY:

Name of Agency:
Line 1 of Address:
Line 2 of Address:
City, State, Zip Code:

Case Number:
Case Name:
Worker Information
Name:
ID:
Phone Number:

The FoodShare and Child Care programs have combined the six-month report process for both programs. Recipients of both programs will be able to complete the six-month report process for both programs at the same time.

Refer to the FoodShare and/or Child Care Six-Month Report Instructions form for information on how to complete the FoodShare and/or Child Care Six-Month Report form. Refer to the instructions within each section of this form (called Additional Information for Child Care) for information on how to complete that section.

WHETHER OR NOT YOU CURRENTLY RECEIVE FOODSHARE BENEFITS, YOU STILL NEED TO COMPLETE THE FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT FORM IN ORDER TO CONTINUE TO RECEIVE CHILD CARE. Information on that six-month report form is needed for Child Care. You do not need to complete questions that have been identified as "Not Required" on the FoodShare and/or Child Care Six-Month Report form. Completing the FoodShare and/or Child Care Six-Month Report form is not the same as completing an application for FoodShare benefits. To apply for FoodShare benefits, contact your worker.

To avoid delays in receiving future child care authorization/payment:

- Answer the required questions on both the "FoodShare and/or Child Care Six-Month Report" **AND** the "Additional Information for Child Care" forms.
- Sign both of the forms.
- **Return both of the signed forms to the Certifying Agency listed above by MM/DD/CCYY.** If both forms are not completed and returned by MM/DD/CCYY, payment for your child care will end.

COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. If you need more room than is provided to complete an answer, use an additional sheet of paper. Contact your worker if you have any questions or need help completing the form.

SECTION A – APPROVED ACTIVITY INFORMATION

Below are the names of each parent and adult currently listed in your child care case. If the person still lives in your home, check the type of activity the person is in. If the activity is not listed, select "Other" and write in the type of activity. If the person is in more than one activity, indicate each activity/schedule separately by writing the information on the form next to the individual's name. Write the daily start and stop times for each activity for each day the person is involved in the activity. Put a line through the name of any person who no longer lives in your home.

If the person is attending school, please attach a copy of their current school schedule.

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐ W-2 Activity ☐ FSET ☐ None
☐ Other: _____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. ____ Hrs/Week							

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐ W-2 Activity ☐ FSET ☐ None
☐ Other: _____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. ____ Hrs/Week							

SMRF



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SECTION A – CONTINUED							
Name :							
Activity Type: <input type="checkbox"/> Work <input type="checkbox"/> High School <input type="checkbox"/> Post Secondary Education <input type="checkbox"/> W-2 Activity <input type="checkbox"/> FSET <input type="checkbox"/> None							
<input type="checkbox"/> Other: _____							
Schedule:							
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week							
SECTION B – CHILD CARE AUTHORIZATION INFORMATION							
<p>The chart below lists each child in your child care case who has an authorization for next month, the name of the provider who is authorized to care for the child, and the hours authorized. If you want the child authorized to the same provider, write the number of hours needed weekly for day care in the "Needed Hours of Care Per Week" field. If you no longer want to use that provider, cross out the provider's name. If you want to use a new provider for a child, write the name of the child, the name of the provider, and the number of hours needed weekly for day care on the form. Use a separate piece of paper if you need more space.</p>							
Are you changing the child care provider for any of your children? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are any children in shared custody? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Child	Name of Provider	Current Hours of Care Per Week	Hours of Care Needed Per Week				
Child 1:							
Child 2:							
Child 3:							
Child 4:							
Child 5:							
Child 6:							
Child 7:							
Child 8:							
<p>If the hours needed for child care vary greatly from week to week, explain how the hours of care will vary. Describe if the care is needed for a person to work second or third shift, evening hours, weekends, differing hours of work each week, etc.</p>							
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>							
SECTION C – SIGNATURE							
<p>I certify that the answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my child care benefits. I understand that if I intentionally give incorrect information I may be charged with a crime, and upon conviction I may receive a sentence of imprisonment, or a fine, or both; and I also understand that I may receive an overpayment collection notice for the repayment of child care funds paid out on the basis of incorrect information.</p>							
Signature: _____ Date Signed: _____							
Contact Telephone : _____							



Appendix G: Incomplete Form

County Name
County Agency Name

State of Wisconsin

Address line 1
City, State Zip

Questions: Ask your Worker.

Date:
Case Name:
Case Number:
Worker Name:
Worker Number:
Telephone:

First Name Last Name

Address line 1
City, State Zip

NAIR

IMPORTANT NOTICE REGARDING INCOMPLETE FORMS FOR FOODSHARE AND/OR CHILD CARE RECIPIENTS

We received your FoodShare and/or Child Care Six-Month Report form.
The following items are not complete:

- () – Form not signed.
- () – Section 1 – ADDRESS/SHELTER EXPENSE questions (s) not answered.
- () – Section 2 – CHILD SUPPORT PAYMENTS question (s) not answered.
- () – Section 3 – HOUSEHOLD MEMBERS question (s) not answered.
- () – Section 4 – HOUSEHOLD INCOME question (s) not answered.

We received your Additional Information for Child Care form.
The following items are not complete:

- () – Form is not signed
- () – Section A – APPROVED ACTIVITY INFORMATION not complete.
- () – Section B – CHILD CARE AUTHORIZATION INFORMATION not complete.

Comments: (Worker enterable comments)

We cannot process your "FoodShare and/or Child Care Six-Month" or "Additional Information for Child Care" form(s) until the marked items are complete. Your incomplete form(s) are enclosed. You must complete the above items and return the form to your local agency or your FoodShare and/or Child Care benefits will end.



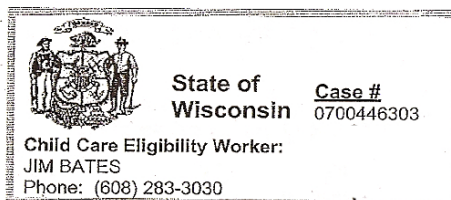
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Appendix H: Notice of Eligibility (Page 1 of 4)

E 1
DSS MILWAUKEE
W WILSON ST PO BOX 7
850 MADISON
WI537077, 85 0.

Date: 09/18/2008



001541
FOSTER P GRANT
12 E WALNUT
MI
LWAUKEE WI, 53 212

Notice of Eligibility Child Care

This notice tells you about your eligibility for Child Care. If you have questions, please call the number for Child Care listed at the top of this page.

Which program?	What happened?	More info?
Child Care	You are eligible for Child Care beginning September 1, 2008.	See Child Care Page

If you don't agree with the Child Care decision, you have the right to a fair hearing. See last section to learn more about this. You may also want to talk with the local agency listed above.

Reporting Changes

You must report changes in your situation to the contact listed above. You must report to your worker changes in your situation that may change your eligibility no later than 10 calendar days after the change. You must report if your child is out of your home no later than 5 working days after the child leaves the home.

If you stop working and get Child Care, you must contact your worker because you may no longer be eligible for Child Care. You can get Child Care to look for a job if you are in W-2 or FoodShare Employment and Training job search activities.

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Wisconsin Department of Children & Families

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Appendix H: Notice of Eligibility (Page 2 of 4)

Child Care Information

Who is in the Child Care group

When	Who
Beginning 09/01/2008	DAVEY GOLIATH

There are two steps to meet in the Child Care Assistance approval process. The first step is to see if you are eligible. You have passed this test.

Who can be authorized for Child Care

When	Who
Beginning 09/01/2008	DAVEY GOLIATH

The second step is for you to get an authorization to approve payment to your provider. The authorization is for the care needed while you are in your approved activity. You may have completed this step by the time you have received this notice. If you have not and you want CC benefits, you must contact the Child Care Specialist at the Child Care administrative agency to receive authorization for services.

Who is NOT eligible for Child Care and why

When	Who	Why
Beginning 09/01/2008	FOSTER GRANT	This person has not passed the non-financial or income rules for Child Care and is not a Foster Care or Kinship Care child that is eligible for Child Care based on the Manual Child Care eligibility rules.

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Appendix H: Notice of Eligibility (page 3)

Your Household Income

How we counted your monthly income for Child Care			
	When and How Much		
	Beginning 09/2008		
Counted Gross Income	\$4,386.00		
Gross Income Limit	\$2,158.00		
You are over the gross income limit by	\$2,228.00		



Do you disagree with the Child Care decision?

If you disagree with the Child Care decision you have the right to request a Fair Hearing.

What is a fair hearing review?

A fair hearing gives you the chance to tell why you think there has been a wrong decision about your eligibility. At the hearing, a hearing officer will hear from you and the local agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-888-278-0633.

How long do you have to ask for a fair hearing?

Your request for a fair hearing review must be submitted by 11/03/2008.

How do you request a fair hearing?

You can ask for a hearing at the agency where you applied for Child Care. You may also send a written request for a fair hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885. Fair hearing forms can be found on the Internet at <http://dha.state.wi.us/home/WFS/WFSHrgReqForm.pdf>. If you will need a language translator, sign language interpreter or other accommodation for a disability during the hearing, please include that information in your written request.



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Appendix I: Child Care Authorization (1 Page)

MILWAUKEE
MILW CO DSS
1 W WILSON ST
PO BOX 7850
MADISON, WI 53707-7850



State of Wisconsin Case #
8000787385

Child Care Authorization Worker:
Coggs Center Office
(414) 289-6464

Date: 09/11/2008

Foster Parent

000008
TRIANNA DEGAS
1444 JENIFER
MADISON, WI 53703-3719

Child Care Authorization Information

Authorized Child Care Provider Information							
Name: DAKOTA SEVEN Address: 1444 JENIFER MADISON, WI 53703-3917				Location: DAKOTA'S TREEHOUSE Number: 0900016000 Type: Public School Program			
New Authorizations							
At least one new authorization has been entered. See below for details.							
Child's Name / Date of Birth	Auth Type	Hours Per Week	Auth Begin Date	Auth End Date	Weekly Amount	Hourly Amount	Rate Effective Date
LIBBY DEGAS 2006-01-01	E	40	08/31/2008	10/04/2008	\$106.00	\$ 3.33	08/31/2008
*KAYLA DEGAS 2002-01-01	E	20	08/31/2008	10/04/2008	\$ 47.50	\$ 2.62	08/31/2008

Authorization Types
E (Enrollment Authorization): Your provider will be paid the regular weekly amount shown.

Payment for School Closed Days
*This child has been identified as a school-age child. This means that extra hours of child care can be paid when the school is closed for holidays, bad weather, or other unexpected reasons and the child attends child care. The extra hours can only be used after the regular authorized hours for that week have been used and while you are in an approved activity.

Your next Six Month Report Form will be due by 02/28/2009.

The above information is also being sent to your child care provider.

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NOTES